

LO9000026432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

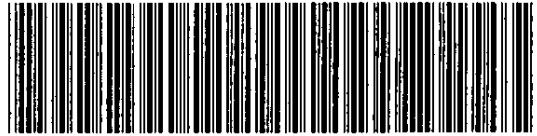
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB. 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crews 2-Go Transport LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gerrit C. Kooi
(Contact Person)

Crews 2-Go Transport LLC
(Firm/Company)

1712 SW 20 street # S
(Address)

Fort Lauderdale FL 33315
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gerrit C. Kooi at (954) 682 7816
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Crews 2-Go Transport LLC

2. This limited liability company was organized under the laws of:
State of Florida

3. The Florida document/registration number of this limited liability company is:
L09000026432

4. I, Deborah A Ingraham, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Deborah A Ingraham
Signature of Resigning Member, Managing Member or Manager

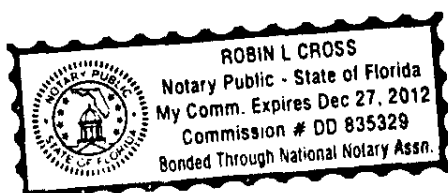
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

State of Florida
County of Broward

The foregoing instrument was acknowledged before me 27 day of January, 2016 by Deborah Ingraham, who is personally known to me or has produced FDL as identification and who did take an oath

Notary Public signature Robin L Cross

CR2E079 (5/06)



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TALLAHASSEE, FLORIDA